

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586276

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14	1		1		1	
15		1		1		1
16		2		1		1
17		①		1		1
18			II		II	
19			II		II	
20			II		II	
21				1		1
22			II		II	
23			II		II	
24			II		II	
25				1		1
26			II		II	
27				1		1
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	16	←	18	←	18	←
TOTAL CLAIMS	18		20		20	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						